

39700 W. Civic Center Plaza Maricopa, AZ 85138 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

## CITY OF MARICOPA SPECIAL EVENT COVID MITIGATION FORM

Please complete and submit this form with your special event application

EVENT ORGANIZER NAME			
PHON	ONE NUMBER EMAIL		
	ENT NAME EV		
EVEN	ENT ADDRESS		
City o	e minimum mitigation measures required to host your public y of Maricopa are listed below. Please review and check each force the following guidelines:	_	
	Advise individuals to stay home if they are showing COVID-19 sperson with COVID-19 symptoms in the past 14 days	ymptoms or have come into close contact with a	
	☐ Provide sufficient hand sanitizer in visible areas for attendees		
	Require use of masks for staff and vendors		
	☐ Highly recommend masks for attendees		
	☐ Maintain a physical distance of at least 6 ft. Should this proxim	ty be impossible, then masks should be worn	
	Post signage in highly visible locations that promote social dista	ancing and masks	
	Limit attendance or seating capacity to allow for social distanci	ng if necessary	
	☐ Provide physical markings (i.e. tape, barriers, cones) to ensure	individuals remain at least 6 ft. apart in lines	
Descri	scribe additional mitigation measures in place at your event		
[] [] []	ECKLIST  ☐ Complete the Arizona Department of Health (ADHS) Mitigation of receipt to email City of Maricopa. Click here to view sample ☐ Email a copy of this completed form to ADHS at amanda.lusk@ ☐ Email a copy of this completed form AND PDF of ADHS confirm Special Event Application to specialevents@maricopa-az.gov.completing and signing this form, you are stating you agree as	e Dazdhs.gov The City of Maricopa with your	
<b>EVEN</b>	ENT ORGANIZER SIGNATURE	DATE	